

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28 OMB No. 1615-0105 Expires 05/31/2021

E0000000000000000000000000000000000000	rt 1. Informat credited Repre	ion About Attorney or esentative		et 2. Eligibility Information for Attorney or credited Representative		
1.	USCIS Online A	ccount Number (if any)	Selec	et all applicable items.		
	▶			I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest		
Name of Attorney or Accredited Representative				courts of the following states, possessions, territories commonwealths, or the District of Columbia. If you		
2.a.	Family Name (Last Name)	oden		need extra space to complete this section, use the space provided in Part 6. Additional Information.		
2.b.	Given Name (First Name)	Iaria Luisa		Licensing Authority		
2.c.	Middle Name d	e Castro		CONNECTICUT		
	<u>u</u>	Casao	1.b.	Bar Number (if applicable)		
Adı	dress of Attorn	ey or Accredited Representative		CT100828		
3.a.	Street Number and Name	107 Oak Street	1.c.	I (select only one box) \overline{X} am not \square am subject to any order suspending, enjoining, restraining,		
3.b.	Apt. Ste	e. Fir.		disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space		
3.c.	City or Town	Iartford		provided in Part 6. Additional Information to provide an explanation.		
3.d.	State CT	3.e. ZIP Code 06106	1.d.	Name of Law Firm or Organization (if applicable)		
3.f.	Province			Maria Luisa De Castro Foden, LLC		
3.g.	Postal Code		2.a.	I am an accredited representative of the following qualified nonprofit religious, charitable, social		
3.h.	Country			service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.		
	United States					
E-manufacture (2.b.	Name of Recognized Organization		
A915222333300	ntact Informati oresentative	ion of Attorney or Accredited				
4.	Daytime Telephone Number		2.c.	Date of Accreditation (mm/dd/yyyy)		
	860-278-3001					
5.	Mobile Telephor	ne Number (if any)	3.	I am associated with		
6.	Fmail Address (i	ifany)		the attorney or accredited representative of record who previously filed Form G-28 in this case, and my		
••	Email Address (if any) manuela@decastrofoden.com			appearance as an attorney or accredited representative for a limited purpose is at his or her request.		
7.	Fax Number (if	Fax Number (if any)		I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).		
	860-244-9626					
			4.b.	Name of Law Student or Law Graduate		

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

		enship and Immigration Services (USCI	S		
b.	List the form rappearance is	numbers or specific matter in which entered.			
a.	U.S. Imm	gration and Customs Enforcement (ICE	i)		
b.	List the specific matter in which appearance is entered.				
a.	U.S. Custo	oms and Border Protection (CBP)			
b.	List the specific matter in which appearance is entered. CBP FOIA				
	Receipt Numb	er (if any)	L		
	I enter my app representative X Applicant	earance as an attorney or accredited at the request of the (select only one bo Petitioner Requestor ry/Derivative Respondent (ICE, C			
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infi Req a. a.	I enter my apprepresentative X Applicant Benefician Benefician ormation Aboutestor, Benefician Authorized Stamily Name (Last Name) Given Name (First Name) Middle Name	earance as an attorney or accredited at the request of the (select only one bo Petitioner Requestor ry/Derivative Respondent (ICE, Cout Client (Applicant, Petitioner, eficiary or Derivative, Respondent gnatory for an Entity) Sime Maria	В		

Client's Alien Registration Number (A-Number) (if any)

► A- 2 0 7 9 2

9.

Cli	ent's Contact Information
10.	Daytime Telephone Number
	203-770-1055
11.	Mobile Telephone Number (if any)
12.	Email Address (if any)
Ма	iling Address of Client
the b	TE: Provide the client's mailing address. Do not provide business mailing address of the attorney or accredited esentative unless it serves as the safe mailing address on the ication or petition being filed with this Form G-28.
13.a	Street Number 41 Highland Avenue
13.b	. Apt. Ste. Fir.
13.c.	. City or Town Danbury
13.d	. State CT 13.e. ZIP Code 06810
13.f.	Province
12	Postal Code

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

13.h. Country

United States

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. I request that USCIS send my notice containing Form 1-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ Amaria

2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

	1///1	, ,
1.b. I	Date of Signature (mm/dd/yyyy)	5/17/19
2.a. S	Signature of Law Student or Law	Graduate

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